Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4100AGZ	A. BUILDING _____ B. WING _____	07/22/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
V N SENIOR CARE INC OF SEVEN HILLS	993 GOLD BEAR DRIVE HENDERSON, NV 89052

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Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 7/22/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 9 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 050 SS=F	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	Continued From page 1 This Regulation is not met as evidenced by: Based on interview, record review and observation on 7/22/09, the administrator failed to provide oversight and direction to the staff to ensure 6 of 6 residents receive the needed services and protective supervision. Refer to Tags Y105, Y444, Y859, Y878, Y883, Y451, Y920, Y992, Y994, Y999 Severity: 2 Scope: 3	Y 050		
Y 051 SS=C	449.194(2) Administrator's Responsibilities-Designation NAC 449.194 The administrator of a residential facility shall: 2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during	Y 051		

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Y 051	Continued From page 2 all times that the employee is in charge. This Regulation is not met as evidenced by: Based on observation, interview and record review on 7/22/09, the administrator failed to designate one or more employees to be in charge of the facility. Severity: 1 Scope: 3	Y 051		
Y 105 SS=F	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 7/22/09, the facility failed to ensure 3 of 4 caregivers met background check requirements (Employee #2, #3 and #4). Severity: 2 Scope: 3	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is	Y 106		

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Y 106	Continued From page 3 currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 7/22/09, the facility failed to ensure that 1 of 4 caregivers were trained in first aid and cardiopulmonary resuscitation (Employee #1). Severity: 2 Scope: 1	Y 106		
Y 177 SS=D	449.209(4)(d) Health and Sanitation-Dirt, Garbage, Refuse NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (d) Accumulations of dirt, garbage and other refuse. This Regulation is not met as evidenced by: Based on observation on 7/22/09, the facility failed to ensure the patio in the backyard was kept clean from dirt and refuse. Severity: 2 Scope: 1	Y 177		
Y 251 SS=D	449.217(2) Storage of Food-Perishable foods refrigerated	Y 251		

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Y 251	Continued From page 4 NAC 449.217 2. Perishable foods must be refrigerated at a temperature of 40 degrees Fahrenheit or less. Frozen foods must be kept at a temperature of 0 degrees or less. This Regulation is not met as evidenced by: Based on observation on 7/22/09, the facility failed to ensure perishable foods were kept at a temperature of 40 degrees Fahrenheit or less. Two milk containers, one used and one unopened, with an expiration date of 7/10/09 were observed in the refrigerator with a temperature of 50 degrees. Severity: 2 Scope: 1	Y 251		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 7/22/09, the facility did not ensure smoke detectors were tested 9 out of the past 9 months (October, November and December 2008 and January, February, March, April, May and June of 2009). This was a repeat deficiency from the 9/8/08 State Licensure survey.	Y 444		

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Y 444	Continued From page 5 Severity: 2 Scope: 3	Y 444		
Y 451 SS=F	449.231(2)(a)-(f) First Aid Kit NAC 449.231 2. A first-aid kit must be available at the facility. The first-aid kit must include, without limitation: (a) A germicide safe for use by humans. (b) Sterile gauze pads; (c) Adhesive bandages, rolls of gauze and adhesive tape; (d) Disposable gloves; (e) A shield or mask to be used by a person who is administering cardiopulmonary resuscitation; and (f) A thermometer or device that may be used to determine the bodily temperature of a person. This Regulation is not met as evidenced by: Based on observation on 7/22/09, the facility failed to have a first aid kit available with the required components. Severity: 2 Scope: 3	Y 451		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after	Y 859		

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Y 859	Continued From page 6 admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Based on record review on 7/22/09, the facility failed to ensure that 2 of 6 residents received an annual physical (Resident #4 and #5). This was a repeat deficiency from the 9/8/08 State Licensure survey. Severity: 2 Scope: 1	Y 859		
Y 870 SS=F	449.2742(1)(a)(1)(2)(b)(c) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. (2) Provides a written report of that review to	Y 870		

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Y 870	Continued From page 7 the administrator of the facility; (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions of any actions that are taken by the caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). This Regulation is not met as evidenced by: Based on record review on 7/22/09, the facility did not ensure that a medication profile review was performed by a physician, pharmacist or registered nurse at least once every six months for 6 of 6 residents residing in the facility for longer than six months (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 870		
Y 878 SS=F	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall:	Y 878		

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Y 878	Continued From page 8 (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 7/22/09, the facility failed to ensure that 5 of 6 residents received medications as prescribed (Resident #1, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 878		
Y 883 SS=F	449.2742(7) Medication / Resident Refusal NAC 449.2742 7. If a resident refuses, or otherwise misses, and administration of medication, a physician must be notified within 12 hours after the dose is refused or missed. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to ensure the physician was notified for missed medications for 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope: 3	Y 883		
Y 920 SS=F	449.2748(1) Medication Storage NAC 449.2748	Y 920		

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Y 920	Continued From page 9 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 7/22/09, the facility failed to ensure medications belonging to 6 of 6 residents were stored in a locked area (Resident #1, #2, #3, #4, #5 and #6). Severity: 2 Scope 3	Y 920		
Y 936 SS=F	449.2749(1)(e) Resident file NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against	Y 936		

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Y 936	Continued From page 10 unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Based on record review on 7/22/09, the facility failed to ensure that 3 of 6 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1, #2 and #4) which affected all residents. This was a repeat deficiency from the 9/8/08 State Licensure survey. Severity: 2 Scope: 3	Y 936		
Y 992 SS=F	449.2756(1)(c) Alzheimer's Fac awake staff NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (c) At least one member of the staff is awake and on duty at the facility at all times. This Regulation is not met as evidenced by: Based on interview and record review on 7/22/09, the facility failed to ensure one awake staff on duty at all times with 5 hospice residents requiring assistance in turning every 2 hours (Resident #2,#3,#4,#5 and #6).	Y 992		

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Y 992	Continued From page 11 Severity: 2 Scope: 3	Y 992		
Y 994 SS=F	449.2756(1)(e) Alzheimer's fac knives NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. This Regulation is not met as evidenced by: Based on observation and interview on 7/22/09, the facility failed to ensure knives and other items that could constitute a danger to the residents of the facility are inaccessible to the residents. Severity: 2 Scope: 3	Y 994		
Y 999 SS=F	449.2754(1)(g) Alzheimer's Facility NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.	Y 999		

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Y 999	Continued From page 12 This Regulation is not met as evidenced by: Based on observation and interview on 7/22/09, the facility failed to ensure all toxic substances were not accessible to the residents of the facility. Chlorox Bleach and Windex were found in an unlocked cabinet located beneath a sink in the laundry room. Lysol spray was found on a cabinet in the main hallway. All resident medications observed in unlocked closet in the hallway. Severity: 2 Scope: 3	Y 999		